

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
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46						
47	1					
48		1				
49						
50						
TOTAL IND.	10		2			
TOTAL DEP.		23		42		
TOTAL CLAIMS	33		44			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						